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Receipt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: RUSSELL A. WILSON et al. § Group Art Unit: 2173
Serial No.: 09/641,431 §
Filed: August 18, 2000 § Examiner:
For: Communicating Objects Between § Atty. Dkt. No.: INTL-0434-US
Users Or Applications §

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Commissioner for Patents
Office of Initial Patent Examination
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Dear Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show a correction that is needed. The correction is as follows:

Please correct the name of the first named inventor to: --RUSSELL A. WILSON--.

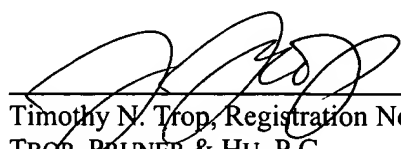
Issuance of a corrected Official Filing Receipt is respectfully requested.

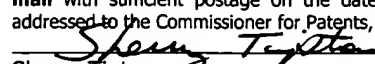
☒ This Request for Corrected Official Filing Receipt is being filed to correct a Patent Office error. No fee is required.

☐ The \$25.00 fee required under 37 C.F.R. § 1.19(h) to correct an Official Filing Receipt due to applicant error: ☐ is enclosed; ☐ is authorized to be charged to Deposit Account No. 20-1504 and this paper is submitted in duplicate.

Respectfully submitted,

Date: 10/20/00


Timothy N. Trop, Registration No. 28,994
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Date of Deposit: October 20, 2000
I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, Washington DC 20231.

Sherry Tipton



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/641,431	08/18/2000	2173	948	INTL-0434- US (P9442)	12	30	4

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FILING RECEIPT



OC000000005455003

Date Mailed: 10/05/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) *RUSSELL A. Wilson*
~~Russetta~~ A. Wilson, Boca Raton, FL ;
Maria Milenkovic, Phoenix, AZ ;
Milan Milenkovic, Phoenix, AZ ;

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Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/213,318 06/22/2000

Foreign Applications

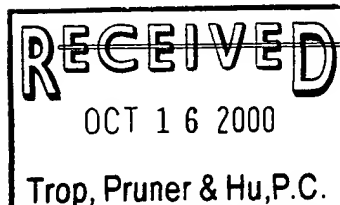
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Title

Communicating objects between users or applications

Preliminary Class

345



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Data entry by : DENBOBA, ALEMTSEHAY

Team : OIPE

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Bib Data Sheet

SERIAL NUMBER 09/641,431	FILING DATE 08/18/2000 RULE -	CLASS 345	GROUP ART UNIT 2173	ATTORNEY DOCKET NO. INTL-0434-US (P9442)
APPLICANTS Russell A. Wilson, Boca Raton, FL ; Maria Milenkovic, Phoenix, AZ ; Milan Milenkovic, Phoenix, AZ ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/213,318 06/22/2000 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/05/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY FL	SHEETS DRAWING 12	TOTAL CLAIMS 30
			INDEPENDENT CLAIMS 4	
ADDRESS Timothy N Trop Trop Pruner & Hu PC Suite 100 8554 Katy Freeway Houston ,TX 77024				
TITLE Communicating objects between users or applications				
FILING FEE RECEIVED 948	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	